

CLAY COUNTY

ALARM DECAL APPLICATION

BUILDING DEPARTMENT

P.O. Box 7, Green Cove Springs, FL 32043-0007

TELEPHONES:
284-6307 GCS
269-6307 OP
473-3711 KSH

Owner: _____		Phone: _____
Address: _____		
City: _____	State: _____	Zip: _____
LOCATION OF BUILDING	Directions to Property from Major Highway:	

TOTAL PERMIT FEE		\$ 35.00
CHECK TYPES OF ALARM APPLICABLE		
1. BURGLAR <input type="checkbox"/> 2. FIRE <input type="checkbox"/> 3. MEDICAL <input type="checkbox"/>		
Is there a security dog on the premises? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there other potential dangers that we should be aware of? (i.e.; security guards, equipment that poses additional danger like electric fences, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, please explain: _____		
Type of construction of building: (Circle One: Wood - Brick - Metal)		
Number of stories in building: _____ Elevator? _____ If Yes, where? _____		
Hazardous or Flammable Material - Type & Location: (Such as paint / gas / kerosine, mineral spirits, etc.)		

Alarm / Detectors - Where are the keypads located? _____		
Where are the alarms (i.e., on all windows and doors?) _____		
Utility shutoffs - Where are they?		
Electric Panel _____ Water _____ Propane Gas _____		
Circle which entries you have: Front Door - Back Door - Garage Door - Side Door		
Name of the Monitoring Company _____ Phone Number _____		
Complete Address _____		
The operation of a non-registered alarm constitutes a second degree misdemeanor punishable by sixty (60) days in jail and/or five hundred dollars (\$500.00) fine.		
Enter the name, address and telephone number of any person other than the alarm user , who can be contacted in case of an alarm signal or emergency.		
Emergency Contact Name: _____ Phone: _____		
Address _____ City: _____ ST: _____ Zip: _____		
You are required to notify the Clay County Building Department of any changes. (Preferably someone who has a key to the premises should be used as an emergency contact person.)		
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS PERMIT AND KNOW THE SAME TO BE COMPLETE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.		
SIGNATURE OF OWNER	AND / OR	SIGNATURE OF LICENSE HOLDER

To Whom It May Concern:

As of April 01, 2002, Clay County Building Department will be issuing the alarm decal for your residence.

You will need to complete the attached documents to obtain your alarm decal.

If you send this information thru the mail you will need to have everything completed correctly, include a self addressed stamped envelope and if you are sending a personal check by Florida Statute 832.07 Prima facie evidence of intent; identity we will need your driver's license number, home telephone, work telephone, height, sex, and date of birth on it. The fee is \$35.00 and you need to specify on the alarm application (which we use to issue a decal) if it is a fire alarm, burglar alarm, medical alarm or all that are applicable.

If you have any questions please feel free to call.

Thanking you in advance for your help in this matter.

Sincerely,

*Carol Waterrose
Program Manager*